



BLDGAPP6

# THE CITY OF WATERBURY

## DEPARTMENT OF INSPECTIONS

235 Grand Street, Waterbury, CT 06702  
(203) 574-6832

**PERMIT No.**

### Application for Building Permit

**PLEASE PRINT LEGIBLY (Shaded areas for Office use only!)**

Date: \_\_\_\_\_

Applicant:

Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Registration No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Location of Work:

Location Owner:

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to

Architect:

Architect's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(must check one) ☐ **Proposed Use** ☐ **Existing Use** **Floodplain?** ☐ Yes ☐ No If yes, attach form.  
☐ Commercial ☐ Restaurant ☐ Residential ☐ Temp. Structure  
☐ Industrial ☐ Hospital ☐ Other \_\_\_\_\_ **Plan(s) on File?** ☐ Yes ☐ No

**What are you building?** \_\_\_\_\_

(Please describe in detail) \_\_\_\_\_

**Est. Cost \$** \_\_\_\_\_

Start Work Date: \_\_\_\_\_ Zone: \_\_\_\_\_

**continued on back →**

REQUIRED? <input type="radio"/> Yes <input type="radio"/> No	Department ZONING _____
<input type="radio"/> Yes <input type="radio"/> No	ENG'G _____
<input type="radio"/> Yes <input type="radio"/> No	CITY PL _____
<input type="radio"/> Yes <input type="radio"/> No	FIR MSH _____
<input type="radio"/> Yes <input type="radio"/> No	IN/ WET _____

REQUIRED? <input type="radio"/> Yes <input type="radio"/> No	Department HEALTH _____
<input type="radio"/> Yes <input type="radio"/> No	TRAFF _____
<input type="radio"/> Yes <input type="radio"/> No	DEL. TAX (allow 5 days) _____
<input type="radio"/> Yes <input type="radio"/> No	WATER _____
<input type="radio"/> Yes <input type="radio"/> No	WASTE _____

Permit Fee: \$ \_\_\_\_\_

State Ed Fee: \$ \_\_\_\_\_

CO: \$ \_\_\_\_\_

Zoning Fee: \$ \_\_\_\_\_

Fine: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

Title: \_\_\_\_\_



**Building Statistics:**

# Stories: \_\_\_\_\_ # Families: \_\_\_\_\_ # Rooms: \_\_\_\_\_ Bldg Width: \_\_\_\_\_ ft \_\_\_\_\_ in Bldg Length: \_\_\_\_\_ ft \_\_\_\_\_ in

**Lot Information:**

Front Yard: \_\_\_\_\_ ft \_\_\_\_\_ in Side Yard: \_\_\_\_\_ ft \_\_\_\_\_ in Rear Yard: \_\_\_\_\_ ft \_\_\_\_\_ in

**Foundation:**

Footing: Depth from Finished Grade: \_\_\_\_\_ in Type: \_\_\_\_\_ Soil: \_\_\_\_\_

Foundation Height Above Finished Grade: \_\_\_\_\_ in Foundation Material: \_\_\_\_\_

Footing Width: \_\_\_\_\_ in Footing Depth: \_\_\_\_\_ in Foundation Thickness: \_\_\_\_\_ in

Anchor Bolt Length: \_\_\_\_\_ in Anchor Bolt Centers: \_\_\_\_\_ in

**Wooden Construction:**

Floor Joists					Girders		Columns
	Size	Longest Span	Centers	Bridging	Size	Longest Span	
1st Floor	x		in	x	x		
2nd Floor	x		in	x	x		
3rd Floor	x		in	x	x		

Size of Sills: \_\_\_\_\_ x \_\_\_\_\_ in Size of Corner Posts: \_\_\_\_\_ x \_\_\_\_\_ in Size of Plates: \_\_\_\_\_ x \_\_\_\_\_ in

Size of Outside Wall Studs: \_\_\_\_\_ x \_\_\_\_\_ in Size of Ceiling Joists: \_\_\_\_\_ x \_\_\_\_\_ in

Size of Bearing Partition Studs: \_\_\_\_\_ x \_\_\_\_\_ in Bearing Partition Stud Distance on Centers: \_\_\_\_\_ in

Size of Rafters: \_\_\_\_\_ Rafter Distance on Centers: \_\_\_\_\_ in Size of Headers: \_\_\_\_\_ x \_\_\_\_\_ in

Outside Wall Covering: \_\_\_\_\_ Exterior Construction: \_\_\_\_\_

**Roof:**

Roof Type: \_\_\_\_\_ Pitch: \_\_\_\_\_ / \_\_\_\_\_ (rise/run)

Roofing Material: \_\_\_\_\_ Cornice Material: \_\_\_\_\_

**Insulation:**

Type of Floor Insulation: \_\_\_\_\_ Thickness: \_\_\_\_\_ in

Type of Wall Insulation: \_\_\_\_\_ Thickness: \_\_\_\_\_ in

Type of Ceiling Insulation: \_\_\_\_\_ Thickness: \_\_\_\_\_ in

Type of Foundation Insulation: \_\_\_\_\_ Thickness: \_\_\_\_\_ in

How is Building Heated? \_\_\_\_\_ Type of Windows: \_\_\_\_\_

Thermopane Windows Installed? ☐ Yes ☐ No Storm Windows Installed? ☐ Yes ☐ No**Chimney:**

# of Chimneys: \_\_\_\_\_ Construction: \_\_\_\_\_ Thickness: \_\_\_\_\_ in Flue Size: \_\_\_\_\_ in

Stove Type: \_\_\_\_\_ Fireplace Opening: \_\_\_\_\_ in **W** x \_\_\_\_\_ in **H****As per provisions of the State of Connecticut Basic Building Code:**

- ☛ Use Group \_\_\_\_\_ in accordance with provisions of Article 2.
- ☛ Construction Classification: \_\_\_\_\_.
- ☛ Maximum Live Loads (**p.s.f.**): 1st floor: \_\_\_\_\_ 2nd floor: \_\_\_\_\_ 3rd floor: \_\_\_\_\_ roof: \_\_\_\_\_
- ☛ Other Uses, Descriptions: \_\_\_\_\_.